

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

RECEIVED

AUG 06 2020 MB

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

RYAN SPRINGS.

(Enter above the full name
of the Plaintiff or Plaintiffs in
this action)

VS.

Case NO:

Sargent Hawkins.

Officer Echeverria.

Officer Johnson.

Superintendent brown.

Mayor Lori Lightfoot.

Chicago Police Department.

United States Marshalls.

US Marshall Norwick.

(Enter above the full name of all

defendants in this action. Do not use "et al.")

CHECK ONE ONLY:

☒ Complaint under the Civil Rights Act,
Title 42 Section 1983 U.S. Code (state, county

Complaint under the Constitution ("Bivens"
Action), Title 28 Section 1331 U.S. Code (Federal
defendants)

Other (cite statute, if known)

III. List All lawsuits you (and your co-plaintiff, if any) have filed in any state or federal court in the united states.

A. Name of case and docket number Springs VS Schwarz.

B. 2015, Approximate date of filing lawsuit

C. List all Plaintiffs (if you had co-Plaintiffs), any aliases
NONE.

D. List all defendants: WEXFORD HEALTH, ILLINOIS Department of corrections, Diane Schwarz, Stateville Illinois Dept of corrections

E. court in which lawsuit was filed. NORTHERN DISTRICT

F. Name of Judge who case was assigned Sara Ellis

G. Basic claim made: Civil Rights Deliberate Indifference

H. Disposition of this case. Settled

I. Approximate date of disposition 2017, 2019

Statement of Claim

on June 17, 2020 approximately at 10:00AM.

I was leaving 2434 N California with 15,800 of US currency from an settled lawsuit to open a Bank Account.

a heavy set man attempted to block my way towards my truck, this man did not state credentials or claim any Police Identification. once, I had a Pistol aimed at me. I became Frightened for my life and my finances.

I was chased down California Avenue then down Altgeld and was Pinned down by an "Officer Sargent Hawkins," where eventually more officers came and dog piled on top of me, and arrested me. and I was not Mirandized

while down, I received multiple punches, kicks all over my body while on the ground. I was cuffed by my ankles and hands and picked up by several officers and slammed back on the pavement. I felt my head throbbing after being slammed and during that, I briefly felt and seen Officer Echeverria take my \$15,800 of US currency and also other property.

I continued to get punched and kicked while cuffed on the ground. My arms were being forcibly stretched outward while cuffed which was incredibly painful. I felt dizzy and my face was very hot and hurt. Officer Echeverria grabbed my hair and slammed my face into the concrete causing me to bleed above my left eye brow. I felt my vision get blurry which made me very scared and, I believed, I would die in that moment. I began screaming irradically and, I quote "there going to kill me" there going to kill me. I distinctively remember Officer ~~Echeverria~~ Echeverria calling me names under his breath. I was assaulted by Sargent Hawkins, US Marshall Norwick, Officer Echeverria, Officer Johnson and various Police officers and US Marshalls. by the time the Police cruiser arrived to transport me my eye was pounding and blurry to see out of. My jawbone was throbbing as well with also pain through out my back. Local Logan Square residents came on the scene during and after the assault and took photos and videos. I asked for medical attention and was taken to St Anthonys hospital where, I received medical attention and also medication's cat scans and

was photographed for my bruises and wounds a nurse Mirana alerted me that my filling was knocked out of my mouth and referred me to a dentist appointment. I explained that my vision was distorted from it's original form so this too was for a follow up appointment.

I was later shipped to the jail then to Cook County Jail which made the follow up appointments impossible.

While in Cook County Jail I've visited the health care unit three times. I received 800mg Ibuprofen and was told by nurses that my filling couldn't get taken care of while the corona virus pandemic is on going. I received visine and erythromycin for my eye which has not worked or helped my eye condition I've been waiting to see the eye doctor for 30 days and am still feeling headaches and have lost some of my eyesight. I am not able to read without straining to see.

Mr Brown is the Superintendent of the Chicago Police Department and his actions or in actions has caused me great bodily harm being the chief of Police of the Chicago Police Department. I was personally assaulted by multiple Police officers and was intimidated, threatened and beating by officers who did not state official duties on the day of my arrest and officers under Mr Brown's command caused me great bodily harm by neglecting to enforce proper protocols or procedures in Police department which allowed Police officers to assault me. Officers did not utilize Body cams when arresting me which assisted Police officers to assault me and take \$15,800 of US currency from my person. This negligence caused financial and great bodily harm and Mr Brown and other officers should be held in their official and individual capacity.

MRS Lightfoot is the Mayor of Chicago and her actions or inactions has personally caused me great bodily harm by employing Chicago Police officers who directly assaulted me and failed to provide me safety and security and were Police officers were more than Capable of providing security for my well being but instead was deliberate and indifferent to me. these actions or inactions were Police officers displayed Excessive force by assaulting me caused me great bodily harm which could have been preventable by the colleagues of the aggressive officers but because of these officers inactions, I was assaulted by officers sworn to protect me.

I was assaulted by Sargent Hawkins, US Marshall Norwick, Officer Echeverria, Officer Johnson and other Police officers and US Marshalls I cannot name and that I was punched, kicked, slammed by these Police officers.

and the US Marshalls and Police officers who did not directly participate in assaulting me but was present while I was getting assaulted are deliberate and indifferent to my safety and security.

6 I am requesting 9% for everyday that, I don't receive the \$15,800 of US currency which was taken from me, by Officer Echeverria.

I also was a union worker for Seiu and a Personal Assistant making \$15 an hr and receiving 160 plus hrs monthly.

Im requesting \$100,000. for my broken tooth in which my filling was knocked out of my mouth during the assault, and pain and suffering while in Cook County Jail there Policy admits that no root canal or filling services will be permitted during the corona pandemic where, I have no options but to wait.

I would ask the court if proven successfully that I would be granted 7 million dollars for a serious civil rights violation and for excessive force, deliberate indifference, and 3 million for punitive damages, and, I ask time to amend.

The Plaintiff demands trial ☒ YES ☐ NO

CERTIFICATION

By signing this complaint, I certify that the facts stated in this complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the court.

Signed this 23rd day of July 2020

Signature of Plaintiff
Print name

RYAN SPRINGS ID# 20200618068


Copy
written

COOK COUNTY
DEPARTMENT OF CORRECTIONS
INMATE REQUEST FORM

CHOOSE ONE (1) OF THE FOLLOWING SERVICES

<input type="checkbox"/> Write-Out	<input type="checkbox"/> Law Library	RELIGIOUS SERVICES
<input checked="" type="checkbox"/> Superintendent	<input type="checkbox"/> Parole Information	<input type="checkbox"/> Muslim
<input type="checkbox"/> Commissary	<input type="checkbox"/> Public Library	<input type="checkbox"/> Catholic
<input type="checkbox"/> Trust Fund Balance	<input type="checkbox"/> U.S. Mail information	<input type="checkbox"/> Non-Denomination Christian
<input type="checkbox"/> Board of Ed. (18-21 yrs)	<input type="checkbox"/> Inmate Work Program	<input type="checkbox"/> Baptist
<input type="checkbox"/> G.E.D. (21 yrs and over)		<input type="checkbox"/> Jewish
<input type="checkbox"/> Release of Excess Cell Property		<input type="checkbox"/> Jehovah's Witness
<input type="checkbox"/> Other		

INMATE INFORMATION

INMATE NAME: RYAN SPRINGS	DATE SUBMITTED: 7-14-2020
INMATE ID NUMBER: 20200618068	COURT DATE: 8-14-2020
DIVISION: 2 DORM 1 Ghouse	LIVING UNIT:
INMATE SIGNATURE: 	

INMATE REQUEST (PLEASE PRINT)

I wrote 6 to 11 grievances and have only got call passes to medical but havnt got anything done with my tooth, and eye and there's no eye doctor. Per nurses telling me

STAFF RESPONSE - INMATES DO NOT WRITE IN THIS SECTION

STAFF SIGNATURE:	DATE INMATE RECEIVED RESPONSE/SERVICE

**DEPARTAMENTO DE CORRECCIONES
DEL CONDADO DE COOK
FORMULARIO DE SOLICITUD DE PRESO**

*** * ELIJA UN (1) DE LOS SIGUIENTES SERVICIOS * ***

<input type="checkbox"/> Sobre Estampado	<input type="checkbox"/> Informacion De Parol	RELIGIOUS SERVICES
<input type="checkbox"/> Superintendente	<input type="checkbox"/> Biblioteca Legal	<input type="checkbox"/> Musulmanes
<input type="checkbox"/> Balance en su Cuenta	<input type="checkbox"/> Biblioteca Publica	<input type="checkbox"/> Catolicos
<input type="checkbox"/> Junta de Educacion 18-21 años de edad	<input type="checkbox"/> Informacion Relacionada con su Correo	<input type="checkbox"/> No Denominacion Cristiana
<input type="checkbox"/> Preso Programa de Trabajo	<input type="checkbox"/> Comisaria	<input type="checkbox"/> Bautistas
<input type="checkbox"/> Autorización de exceso de propiedad en la celda	<input type="checkbox"/> Escuela (G.E.D.) mayor de 21	<input type="checkbox"/> Judios
<input type="checkbox"/> Other		<input type="checkbox"/> Testigos de Jehova

PRESO NOMBRE:	FECHA EN QUE FUE SOMETIDA :
PRESO NÚMERO DE IDENTIFICACIÓN	FECHA DE CORTE
DIVISION:	UNIDAD DE VIVIENDA:
FIRMA DEL PRESO:	

PRESO QUE SOLICITA (letra de molde)

RESPUESTA DEL PERSONAL — PRESOS NO ESCRIBA EN ESTA SECCION

PERSONAL DE LA FIRMA:	PRESO FECHA DE RECEPCION DE RESPUESTA /SERVICIO:

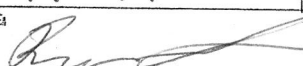
COPIES
WRITTEN

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DEPARTMENT OF CORRECTIONS
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<input checked="" type="checkbox"/> Superintendent	<input type="checkbox"/> Parole Information	<input type="checkbox"/> Muslim
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<input type="checkbox"/> G.E.D. (21 yrs and over)		<input type="checkbox"/> Jewish
<input type="checkbox"/> Release of Excess Cell Property		<input type="checkbox"/> Jehovah's Witness
<input type="checkbox"/> Other		

INMATE INFORMATION

INMATE NAME: RYAN SPRINGS	DATE SUBMITTED: 6-21-20
INMATE ID NUMBER: 20000618068	COURT DATE: 6-25-20
DIVISION: 5-2-H-19	LIVING UNIT:
INMATE SIGNATURE: 	

INMATE REQUEST (PLEASE PRINT)

I've wrote grievances and medical
Sleeps and got advil I am still
getting headaches and my jaw is pounding
my eye is very blurry and I feel
vulnerable being around all these people

STAFF RESPONSE - INMATES DO NOT WRITE IN THIS SECTION

STAFF SIGNATURE:	DATE INMATE RECEIVED RESPONSE/SERVICE

**DEPARTAMENTO DE CORRECCIONES
DEL CONDADO DE COOK
FORMULARIO DE SOLICITUD DE PRESO**

*** * ELJA UN (1) DE LOS SIGUIENTES SERVICIOS * ***

<input type="checkbox"/> Sobre Estampado	<input type="checkbox"/> Informacion De Parol	RELIGIOUS SERVICES
<input type="checkbox"/> Superintendente	<input type="checkbox"/> Biblioteca Legal	<input type="checkbox"/> Musulmanes
<input type="checkbox"/> Balance en su Cuenta	<input type="checkbox"/> Biblioteca Publica	<input type="checkbox"/> Catolicos
<input type="checkbox"/> Junta de Educacion 18-21 años de edad	<input type="checkbox"/> Informacion Relacionada con su Correo	<input type="checkbox"/> No Denominacion Cristiana
<input type="checkbox"/> Preso Programa de Trabajo	<input type="checkbox"/> Comisaria	<input type="checkbox"/> Bautistas
<input type="checkbox"/> Autorización de exceso de propiedad en la celda	<input type="checkbox"/> Escuela (G.E.D.) mayor de 21	<input type="checkbox"/> Judios
<input type="checkbox"/> Other		<input type="checkbox"/> Testigos de Jehova

PRESO NOMBRE:	FECHA EN QUE FUE SOMETIDA :
PRESO NÚMERO DE IDENTIFICACIÓN	FECHA DE CORTE
DIVISION:	UNIDAD DE VIVIENDA:
FIRMA DEL PRESO:	

PRESO QUE SOLICITA (letra de molde)

RESPUESTA DEL PERSONAL – PRESOS NO ESCRIBA EN ESTA SECCION

PERSONAL DE LA FIRMA:	PRESO FECHA DE RECEPCION DE RESPUESTA /SERVICIO:



**NON-EMERGENCY
HEALTH PHONE CALL REQUEST**
CERMAK HEALTH SERVICES OF COOK COUNTY

THIS STAMP VALID
FOR ALL SERVICES IN
HOSPITALITY

TODAY'S DATE: 6/18/20 LAST NAME: SPRINGS FIRST NAME: RYAN

CCDOC #: 20200618068 DIVISION/TIER: 5/2/H/18 DATE OF BIRTH: 9/9/88

I WOULD LIKE TO TALK TO SOMEONE FROM THE HEALTHCARE TEAM ABOUT:

Yesterday I got beat up by
Several officers I went to
St Anothnys but they shipped me
here. my eye is paining I
cant see that well and my
Jaw and side of my face is
hurting my tooth's filling got
knocked out I need help

DENTAL

**ONLY URGENT & EMERGENT
NEEDS AS DIAGNOSED BY THE
DENTIST WILL BE TREATED AT THIS
TIME.**

**BASIC CLEANINGS AND ROUTINE
FILLINGS ARE NOT PROVIDED
DURING THE COVID-19 PANDEMIC.**

- ☐ My tooth is loose
☒ My face is swollen
☐ I can't open my mouth

I WOULD LIKE TO TALK TO SOMEONE ON THE MENTAL HEALTH TEAM ABOUT:

MEDICATIONS

- ☐ I want a refill of my prescribed medication(s) ☐ I am NOT getting my prescribed medication(s)

Name of Medication(s):

(printed copy)



**NON-EMERGENCY
HEALTH PHONE CALL REQUEST**
CERMAK HEALTH SERVICES OF COOK COUNTY

TIME STAMP MARK
PC 11A ARRIVES 11
PHARMACY

TODAY'S DATE: 6/30/20 LAST NAME: SPRINGS FIRST NAME: RYAN

CCDOC #: 20200618068 DIVISION/TIER: 5/H/2/19 DATE OF BIRTH: 9/9/88

I WOULD LIKE TO TALK TO SOMEONE FROM THE HEALTHCARE TEAM ABOUT:

my jaw is throbbing and my nerves
inside my tooth are exposed
Please help me the pain is unbearable
and I cant remove food out of the
hole my filling was knocked out
Please help me the advils do
not work at all!!!

DENTAL

**ONLY URGENT & EMERGENT
NEEDS AS DIAGNOSED BY THE
DENTIST WILL BE TREATED AT THIS
TIME.**

**BASIC CLEANINGS AND ROUTINE
FILLINGS ARE NOT PROVIDED
DURING THE COVID-19 PANDEMIC.**

- ☐ My tooth is loose
☐ My face is swollen
☐ I can't open my mouth

I WOULD LIKE TO TALK TO SOMEONE ON THE MENTAL HEALTH TEAM ABOUT:

MEDICATIONS

- ☐ I want a refill of my prescribed medication(s) ☐ I am NOT getting my prescribed medication(s)

Name of Medication(s):



**NON-EMERGENCY
HEALTH PHONE CALL REQUEST**
CERMAK HEALTH SERVICES OF COOK COUNTY

TIME STAMP VALUE
PC 114 APPROVED 11
DISPENSARY

TODAY'S DATE: 7-6-20 LAST NAME: SPRINGS FIRST NAME: RYAN

CCDOC #: 20200618068 DIVISION/TIER: 2 DORM 1 G DATE OF BIRTH: 9/9/88

I WOULD LIKE TO TALK TO SOMEONE FROM THE HEALTHCARE TEAM ABOUT:

my head has been pounding from
getting assaulted my jaw is hurting
my filling was knocked out by police
officers and I've been in pain my
eye is very blurry and I am
scared Please help.

DENTAL

**ONLY URGENT & EMERGENT
NEEDS AS DIAGNOSED BY THE
DENTIST WILL BE TREATED AT THIS
TIME.**

**BASIC CLEANINGS AND ROUTINE
FILLINGS ARE NOT PROVIDED
DURING THE COVID-19 PANDEMIC.**

- ☐ My tooth is loose
☐ My face is swollen
☐ I can't open my mouth

I WOULD LIKE TO TALK TO SOMEONE ON THE MENTAL HEALTH TEAM ABOUT:

MEDICATIONS

- ☐ I want a refill of my prescribed medication(s) ☐ I am NOT getting my prescribed medication(s)

Name of Medication(s):



**NON-EMERGENCY
HEALTH PHONE CALL REQUEST**
CERMAK HEALTH SERVICES OF COOK COUNTY

TIME STAMP WITH
PC OR APPROPRIATE
PHARMACY

TODAY'S DATE: 7-18-20 LAST NAME: SPRINGS FIRST NAME: RYAN

CCDOC #: 20200618068 DIVISION/TIER: 2 DORM 1 G DATE OF BIRTH: 9/9/88

I WOULD LIKE TO TALK TO SOMEONE FROM THE HEALTHCARE TEAM ABOUT:

I've been placed on waiting list
to see eye doctor a month ago
I've received visine and 800mg
Ibuprofen but I am still feeling
headaches and I've lost vision
in my right eye and also my
filling came out my mouth and jaw
hurts Please help

DENTAL

**ONLY URGENT & EMERGENT
NEEDS AS DIAGNOSED BY THE
DENTIST WILL BE TREATED AT THIS
TIME.**

**BASIC CLEANINGS AND ROUTINE
FILLINGS ARE NOT PROVIDED
DURING THE COVID-19 PANDEMIC.**

- ☐ My tooth is loose
☐ My face is swollen
☐ I can't open my mouth

I WOULD LIKE TO TALK TO SOMEONE ON THE MENTAL HEALTH TEAM ABOUT:

MEDICATIONS

☒ I want a refill of my prescribed medication(s)

☐ I am NOT getting my prescribed medication(s)

Name of Medication(s):

visine, Erythromycin ophthalmic ointment USP
I need stronger medications please

6-20-20 Members of the Springfield Prisoner Review Administration.

My name is RYAN SPRINGS, I was violated June 17 2020 by Police officers. were, I was assaulted by my girlfriends home by Sargent Hawkins, officer Echerer, officer Johnson, US Marshall Norwick and various unnamed Police officers and US Marshalls I'm unable to name.

I received multiple punches, kicks. to my body I went to St Anothys hospital at my request and received some medical attention and was referred for Dentist work and also an eye doctor but was shipped to Cook County Jail the next day I was rushed through processing and I was told to write request slips to medical and I received some pain medications but my eye is still blurry and my jaw is still hurting my nerves from the filling in my tooth was knocked out and I have food in my tooth from since June, 18, 2020 I've been getting told from people I have shit breathe referring to the hole in my mouth causing bad smell and the constant remarks has been making me real angry and upset and sad I've been waiting for the eye doctor but the nurse practitioner has said nobody will see the eye doctor till next year

I've been receiving 800mg of Ibuprofen but there not helping the Pain as it did the first few days. I cant chew my food with out it hurting me. also opening my mouth when the cold air blows above my bunk is intagranizing. and just being the class clown where I'm constantly getting verbally assaulted doesnt help. I try to brush my teeth but the Products are not effective so I try to stay to myself.

I ask that you please help me with my delema I need better Medical Attention

Sincerely

June/20/2020 RYAN SPRINGS 20200618068

COOK canty Jail, P.O BOX 084002

Chicago, IL 60623

also I've wrote several grievances but they are always sent to medical for there own ~~opion~~ opinion nothing is being done at all

6-21-20

Members of the Springfield Prisoner
Review Board Administration.

It's been brought to my attention that, I
have been filing grievances that are out
of your discretion Per Cook County's Social
Worker's visit.

I was assaulted on my arrest day by
Multiple Police officers.

I've grieved about dental and eye damages
where my filling inside my tooth was knocked
out and also my eye's vision in my
left eye is blurry. and, I am feeling
repeat headaches and have been waiting
to see the EYE Doctor and may have
a dental appointment but the wait
has been unbearable my jaw is killing
me and I'm scared of being around
people straining to see out of my left
eye because I'm incarcerated I have
no options but to wait and grieve
the issues which I'm being told is
out of IDOC, Springfield's jurisdiction.
I ask for help.

Sincerely

RYAN SPRINGS 20200618068

Cook County Jail, P.O. Box 089002

Chicago IL 60623



(1)

COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

068

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☒ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievred issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievred issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievred issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievred issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievred issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievred issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days

The grievred issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyerismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)REQUIRED -
TIME OF INCIDENT
(Horad del Incidente)REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o identificación del Acusado)June
17, 2020

early hrs

2442 cell - M11

arresting officer

I got my head bounced off concrete
 and was beaten all over my body
 from several officers during the arrest
 a particular officer knocked me so hard a
 filling came out my mouth I've felt nothen
 but pain on my whole left side of
 my face and my eye vision is blurry

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

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(Formulario de Queja del Preso)

CONTROL #

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El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

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El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Específico del Incidente)REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)June, 17
2020early hour
9AM - 11AM

2442 California

Several Police officers

I got beat up by police on my arrest day while going to St Anthony's nurse. My face seen my filling missing on top left side of mouth all pictures were taken at St Anthony's. Since being in Cook County jail my whole left side of my face been hurting and my left eye is blurry. I got in 2 sick calls with no response.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☒ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievred issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievred issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievred issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievred issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievred issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievred issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days

The grievred issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyerismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyerismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente reciba y la cual ya ha recibo una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)REQUIRED -
TIME OF INCIDENT
(Horad del Incidente)REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

I have a scheduled appointment from
 St Anthony's regarding dental care. I
 have no way of making those arrangements
 incarcerated also my eye has been blurry
 for four days and the nurse says there
 is no eye doctor due to covid outbreak
 I feel very uncomfortable with no solution
 about this dilemma

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☒ Emergency Grievance
- ☐ Grievance
- ☐ Non-Compliant Grievance

- ☐ Cermak Health Services
- ☐ Superintendent: _____
- ☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days

The grievance issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Específico del Incidente)REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

June 17

Approximately
10:00 AM

2400 N California

Chicago Police Department
United States Marshall's

I've been waiting to see eye doctor my vision in my left eye has not gotten better with vision and Erythromycin ophthalmic ointment and I'm still getting mild headaches I was assaulted by multiple police officers June 17th the day of my arrest. Please help.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(5) (Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

068

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance
☒ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

SPRINGS

PRINT - FIRST NAME (Primer Nombre):

RYAN

INMATE BOOKING NUMBER (# de identificación del Preso)

20200618068

DIVISION (División):

2 Dorm 1 Ghouse

LIVING UNIT (Unidad):

Ghouse

DATE (Fecha):

7-16-20

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievred issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievred issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievred issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

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The grievred issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievred issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days

The grievred issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

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El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyerismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyerismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)

6-17-20

REQUIRED -
TIME OF INCIDENT
(Horad del Incidente)approximately
1030 AMREQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)

2442 California

REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

arresting officers

I was assaulted by police officers June, 17, 2020
I went to St Anthony's hospital I was referred that
day for additional medical attention. I came to Cook
County and have only received Ibuprofen, visine my
headaches are still bad and I lost my vision in
my eye still have back pain still I need help
please and thank you

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

068

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance
☒ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

SPRINGS

PRINT - FIRST NAME (Primer Nombre):

RYAN

INMATE BOOKING NUMBER (# de identificación del Preso)

20200618068

DIVISION (División):

2 Dorm 16 house

LIVING UNIT (Unidad):

6 house

DATE (Fecha):

7-16-20

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

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El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)Approximately
6-19-2020REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)Morning
10:00 amREQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)

5-2nd floor gas

REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o identificación del Acusado)Medical nurse
T. practitioner

I lost vision in my eye after being assaulted
 by police officers, I went to medical and was
 told that I would see an eye doctor, I received
 and treatment but nothing has work for 30 days and
 I ran out I need to see an eye doctor soon
 as possible my vision is totally distorted
 help me

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

RYAN SPRINGS 20200618068

COOK COUNTY Jail

P.O. BOX 89002

Chicago, IL 60623



2020 AUG -6 AM 11:28

1:20-cv-04626
Presiding Judge Marvin E. Aspen
Magistrate Judge Jeffrey I. Cummings
PC2



08/06/2020-2

United States District Court,
219 S. Dearborn Street, 20th floor.
Chicago, Illinois 60604.

LEGAL
MAIL

